

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/15/2012  
FORM APPROVED  
OMB NO. 0938-0391

072 4/29/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445098	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 03/15/2012
NAME OF PROVIDER OR SUPPLIER  NHC HEALTHCARE, KNOXVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 809 EAST EMERALD AVE KNOXVILLE, TN 37917		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 514 SS=D	<p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIB LE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to ensure the medical record was complete for one (#1) of five residents reviewed.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on October 13, 2011, with diagnoses including Right Hip Fracture, Hypertension, Gastroesophageal Reflux Disease, Dementia, Rheumatoid Arthritis and was discharged home with Home Health on January 6, 2012.</p> <p>Medical record review of the Minimum Data Set dated October 17, 2011, revealed the resident had severe impairment in cognitive skills and required extensive assistance of one person physical assistance for eating.</p>	F 514	<p>This plan of correction is submitted as required under State and Federal law and does not constitute an admission on the part of the facility, that the findings cited are accurate, that the findings cited constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied.</p>		
		F514	<p>1 We immediately had the supervisor look at current labs (including potassium) and ensured that correct administration of supplemental potassium was given and documented.</p> <p>2 No other residents were found to have been affected by this.</p> <p>3 Multiple mandatory staff meetings will be done to ensure all staff is familiar with the regulation cited.</p> <p>4 The DON (or designee) will monitor random patients over the next few weeks and randomly thereafter to ensure compliance.</p>		4/29/2012

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 514	Continued From page 1 .  Medical record review of a laboratory report dated October 24, 2011, revealed "...Potassium 3.0 L (low)...Reference Range...3.5-5.0..."  Medical record review of a Physician's Order dated October 24, 2011, revealed, "...Extra KCL (Potassium Chloride) 40 mEq (milliequivalent) x 1 today...(Increase) KCL to 20 mEq po (by mouth) qd (everyday)..."  Medical record review of the October, 2011, Medication Administration Record revealed no documentation the KCL was administered on October 24, 2011.  Medical record review of a laboratory report dated November 29, 2011, revealed "...Basic Metabolic Panel...Potassium 2.8...Reference Range...3.5-5.0...Magnesium 1.7...Reference Range...1.7-2.6..."  Medical record review of a Physician's Order dated November 29, 2011, at 8:00 a.m., revealed, "...KCL 40 mEq po Q 6 hrs x 4 doses. Repeat K level (after) 4th dose. Then resume KCL 20 mEq po qd..."  Medical record review of the Medication Administration Record dated November 1, 2011 through November 30, 2011, revealed no documentation the Potassium Chloride 40 mEq was administered on November 29, 2011, at 9:00 a.m., and 3:00 p.m.  Interview on March 14, 2012, at 1:35 p.m., with the Director of Nursing (DON), in the DON's office confirmed no documentation the Potassium	F 514			

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F 514	Continued From page 2 Chloride was administered on October 24, 2011, and November 29, 2011, at 9:00 a.m., and 3:00 p.m.	F 514			